HEATH INCOME TAX BUREAU OFFICE (740) 522-3427 1287 HEBRON RD. HEATH, OHIO 43056-1096

2015 HEATH INDIVIDUAL TAX RETURN

FILING IS REQUIRED WHETHER OR NOT TAX IS DUE AND RECEIVED IN OUR OFFICE OR POSTMARKED NO LATER THAN APRIL 18TH

FOR OFFICE USE ONLY

HEATH, OHIO 43056-1096 IN OUR OFFICE OR POSTMARKED NO LATER THAN APRIL 18TH AMT.					AMT. REC.	MT. REC			
						DATE REC.			
						CASH	CH	IFCK	#
									BY
						AUD.REQ.			
						COPY MAIL	.ED [DATE	BY
					L	LETTER MA	ILEC	DAT	E BY
						TAXPA	YER	SOC	AL SECURITY #
CORRECT NAME AND A	DDDESS ABOVE I	E WPONG				SPOU	ISE S	SOCIA	AL SECURITY #
OOTHEOT NAME AND A	DDITEGO ABOVE I	- WHONG.			Γ			PHO	NE #
IF ALL INCOME IN 2015 WAS NON-	•	,			age).				
☐ I AM RETIRED AND HAVE NON-TAXABLE INCOME OF ☐ SOCIAL SECURITY/PENSION ☐ INTEREST/DIV ☐ I HAD NON-TAXABLE INCOME OF ☐ ACTIVE MILITARY PAY ☐ UNEMPLOYMENT ☐ DISABILITY ☐ ADD					DATE MOVED IN OR OUT OF HEATH				
NOTE: IF YOU HAD NO OTHER S						IN			OUT
SECTION A INCOM		ALL APPROPRIATE W-2'S, FED CHEDULES, EXPLANATIONS ET			ΤΔΧΡΔ	YER USE			OFFICE USE
1 Total W.O. warran		,				1211 002		4	311102 332
 Total W-2 wages Total Adjustments (Page 2, Lin 				1 1a				1 1a	
2. PAGE 2 INCOME SECTION I	*			2				2	
3. INCOME SUBJECT TO HEATI	-			3				3	
4. HEATH INCOME TAX - 1.5%	OF LINE 3			4				4	
SECTION B CREDI	TS								
				-	TAX C	REDITS			TAX CREDITS
5. 2015 Estimated tax paid to He		DO NOT EXCEED 1.25% CRE		5				5	
6. HEATH TAX WITHHELD (W-27. HEATH TAX WITHHELD	Local lax)	INCOME \$ X		7				7	
8. ALL OTHER CITIES (NOT TO	EXCEED 1.25%)	INCOME \$ x		8				8	
	,	INCOME \$ x							
		INCOME \$ x	%						
9. TOTAL CREDITS (Add Lines 5	, 6, 7, 8)			9				9	
10. If Line 4 is greater than Line 9	, enter difference. B	alance due		10				10	
11. Assess \$25.00 for Delinquent Final Filing and Interest (1.5% per month) (Due Date 4-18-16)									
2015 Estimated Tax Penalty \$				11				11	
12. TOTAL DUE Make check paya13. If Line 9 is greater than Line 4				12				12	
_		er \$5.00 are not refunded nor car		13				13	
,	. ,		,						
SECTION C DECLA	RATION OF	ESTIMATED TAX FO	DR 2016						
Berning to the second of the	200.00								
Required where tax due exceeds \$2									
14. Total income subject to tax				14				14	
15. Tax withheld by employer (Do16. 2016 Net tax due (Line 14 less				15 16				15 16	
17. A minimum of 22½% of line 16				17				17	
18. Carryover from prior year. (Lin	e 13, if carryover in	dicated)		18				18	
19. Subtract Line 18 from Line 17	` -	•		19				19	
20. Total payment (Add Lines 12 and 19) (Payments under \$5.00 are not required)				20				20	
THE UNDERSIGNED DECLARES 1									
☐ If this return was prepared b	y a tax practitione	r, check here if we may contact	ct him/her directly with	n questio	ons reg	arding the	prep	arati	on of this return.
Tax Preparer's Signature		Date	Your Signature						Date
Social Security Number (ID Number)		Phone	Spouse Signature						Phone
		1 110110	Species Signature						1 110110

10. If Line 4 is greater than Line 9, enter difference. Balance due	10	10	
11. Assess \$25.00 for Delinquent Final Filing and Interest (1.5% per month)	_ (Due Date 4-18-16)		
2015 Estimated Tax Penalty \$5.00 per quarter		11	
12. TOTAL DUE Make check payable to Heath Income Tax. (Payments under \$5.00 are	not required) 12	12	
13. If Line 9 is greater than Line 4 resulting in overpayment, please indicate if you desire	e Refund		
or credit to 2016 tax (Overpayments under \$5.00 are not refunded nor carrie	ed forward) 13	13	
SECTION C DECLARATION OF ESTIMATED TAX FO	R 2016		
Required where tax due exceeds \$200.00.			
14. Total income subject to tax\$ Multiply by tax rate of	1.5% 14	14	
15. Tax withheld by employer (Do not exceed 1.25%)	15	15	
16. 2016 Net tax due (Line 14 less 15)		16	
17. A minimum of 22½% of line 16		17	
18. Carryover from prior year. (Line 13, if carryover indicated)	18	18	
19. Subtract Line 18 from Line 17 (Pay this amount. If less than zero, enter zero)	19	19	
20. Total payment (Add Lines 12 and 19) (Payments under \$5.00 are not required)	20	20	
THE UNDERSIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMP	LETE FOR TAX YEAR 2015.		
☐ If this return was prepared by a tax practitioner, check here if we may contact	him/her directly with aug	stions regarding the preparat	tion of this return
In this return was prepared by a tax practitioner, check here if we may contact	Till I/Her directly with que.	stions regarding the preparat	tion of this return.
Tax Preparer's Signature Date	Your Signature		Date
Social Security Number (ID Number) Phone	Spouse Signature		Phone

	WORKSHEET A ADJUSTMENTS TO LINE 1 INCOME
1.	W-2 income earned Out of City While Not A Resident (attach calculations)
2.	2106 Business Expenses (Attach Federal Form 2106 and Schedule A)
3.	WORKSHEET A-TOTAL ADJUSTMENTS. (Enter on Pg.1, Line 1a)
ОТ	SECTION I HER INCOME
1.	Profit/Loss from any Business Owned (Attach Federal Schedule C)
2.	Rental and/or Farm Income/Loss (Attach Federal Schedule E or F)\$
3.	Partnership Income/Loss and S Corp. Shares Income/Loss (Attach Federal Schedule E, 1065 or K-1)\$
4.	Other Income (Attach Taxable 1099-MISC Or Explain Source)
5.	Gambling Income – (W-2G) – (cannot offset with other schedules or 1099's)\$
6.	4797 Income – (ordinary only) – (cannot offset with other schedules or 1099's)\$

_____ Social Security Number ___

NOTE: Business/Rental losses cannot be used against W-2 wages or a 1099-MISC issued by an employer for some type of benefit or compensation.

THE FOLLOWING IS A LIST OF WHAT INCOME IS TAXABLE AND WHAT INCOME IS NOT. PLEASE BE AWARE THAT THESE LISTS ARE NOT ALL INCLUSIVE, AND IF YOU HAVE RECEIVED ANY TYPE OF INCOME THAT DOES NOT APPEAR ON THE LIST, CONTACT THE INCOME TAX BUREAU FOR ASSISTANCE.

TAXABLE INCOME

Gross wages, salaries, commission and other compensation to include:

- Sick pay and vacation pay (including annual leave).
- 2. Income from wage-continuation plans.
- Stock options taxed when exercised on amount indicated on W-2 form.
- 4. Cost of group term life insurance over \$50,000.00
- 5. Severance pay.
- Compensation paid in property or the use thereof at fair market value to the same extent as taxable under the Federal Internal Revenue Act and so indicated on the W-2 from.
- 7. Tips.

Name _

- Deferred Income Contribution Plans. 8.
- 401-K Contribution Plans.
- 10. Income from guaranteed annual wage contracts.
- 11. Bonuses/Prizes connected with employment.
- 12. Gambling/Lottery Winnings (Losses Not Deducted.)
- 13. Directors fees/Executor fees.
- 14. Union steward fees.
- 15. Ordinary income from Form 4797.
- 16. Profit Sharing if from non-qualified plan.
- 17. Residents entire share, whether distributed or not, of the net profits of a subchapter S Corporation.

NET PROFITS FROM:

Unincorporated businesses:

TOTAL (Add lines 1, 2, 3, 4, 5 and 6).....

- a. Sole proprietorships Schedule C
- Rental properties Schedule E
- Partnerships Schedule B c.
- d. Farm Net Income Schedule F Fiduciaries/Trusts and Estates (file and pay as entity)

NON-TAXABLE INCOME

- A. Military pay including reserve pay.
- B. Income earned while under 16 years of age.
- Alimony and Child Support.
- D. Capital gains unless filed on Form 4797.
- Interest. Dividends.
- Social Security benefits. G.
- Worker's Compensation.
- State unemployment benefits. ſ.
- Welfare payments.
- Income of religious, fraternal, charitable, scientific, literary or educational institutions to the extent that such income is derived from tax-exempt real estate, tax-exempt tangible or intangible property or tax-exempt activities.
- Housing for Clergy.
- M. Pension income includes lump sum and deferred distributions. (includes 401-K)
- N. Annuities-at time of distribution.

HEATH, OHIO - INDIVIDUAL ESTIMATED TAX INSTALLMENT 2016

The name and address shown below are as they appear on our records. Please make necessary corrections. RETURN THIS VOUCHER TO: CITY OF HEATH INCOME TAX BUREAU, 1287 HEBRON R	VOUCHER 2 2ND QUARTER D., HEATH, OHIO 43056-1096	DUE DATE: 6-15-16 CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION SOC. SEC. # SOC. SEC. # ESTIMATED TAX DUE
HEATH, OHIO – INDIVI	DUAL ESTIMATED TAX	INSTALLMENT 2016
The name and address shown below are as they appear on our records. Please make necessary corrections.	VOUCHER 3 3RD QUARTER	DUE DATE: 9-15-16
		☐ CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION
		SOC. SEC. #
		SOC. SEC. #
		STIMATED TAX DUE\$ 3RD QUARTER PAYMENT\$ (Must have 67 1/2% of tax due paid at this time)
RETURN VOUCHER AND PAYMENT TO: CITY OF HEATH INCOME TAX BUREAU, 1287 HEBRON R	D., HEATH, OHIO 43056-1096	
HEATH, OHIO – INDIVII	DUAL ESTIMATED TAX	INSTALLMENT 2016
The name and address shown below are as they appear on our records. Please make necessary corrections.	VOUCHER 4 4TH QUARTER	DUE DATE: 12-15-16
		☐ CHECK THIS BOX IF THIS IS AN AMENDED DECLARATION
		SOC. SEC. #
		SOC. SEC. #
		ESTIMATED TAX DUE\$
		4TH QUARTER PAYMENT\$(Must have 90% of tax due paid at this time)

RETURN VOUCHER AND PAYMENT TO: